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"NEC TENUI PENNA."

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A HOME THRUST FROM HOMEOPATHY.

If any one is disposed to smile at the auguries which ancient soothsayers were wont to derive from the entrails of birds; if he feels any contempt for the alchymists of later times; or if his soul rouses within him at the remembrance of the belief our more immediate ancestors held in witchcraft, and their cruel punishment for its practice; if, in short, he thinks the human mind to-day is not a prey to silliness just as abject as in any age before, let him scan the pages of the homeopaths. We know it is a well-worn theme, this absurdity of their creed, that no rational man in medicine needs to have it pointed out to him to-day; but we doubt if one in a hundred has any conception of the length and depth and breadth (if such terms can indeed be applied to such a subject) of these absurdities. Either natural laws are all nonsense, or they are idiots who interpret them, if homeopathy be true. Either those who profess rational medicine are imbeciles, or they who follow what is said to be the outcome of Hahnemann's doctrines are lunatics, or worse. We read occasionally a number of homeopathic journals, and scarcely believe our eyes at what we see. If this literature was intended for the general public, we could understand that it was simply a scheme to gain patients; but written as it is, seemingly in all seriousness, for the benefit of the profession in homeopathy, its meaning, we confess, is beyond us. It is a Chinese riddle-book—every thing goes backward in it. There is not a preconceived notion that one could have on any subject as regards medicine—whether in its theory, practice, or the conduct of its followers—that is not controverted. We do not refer to infinitesimals and the law of similars particularly. They have been sufficiently discussed, and one could easily take these in when compared to other marvels which accompany the theory and practice of the singular fraternity. Why, do you know that diphtheria with these fellows is nothing worse than a bad cold, scarlet fever the merest bagatelle, and cancer a tolerably good-sized boil? And you people that think cardiac hypertrophy somewhat permanent in its character, who say "once a stricture always a stricture," and think that tumors ordinarily require the knife, you have n't read the U. S. Investigator, which twice a month comes out with unabashed recountal of any quantity of cures of these simple affairs. It was the perusal of the last number of this periodical, in fact, which led us into our present line of thought. We had intended only to present an extract from it for the amusement of our readers, and allow them to make their own comments, but have been so far led away from our original intentions by the remembrance of previous issues of this curious sheet. No. 210 contains many things to open one's allopathic eyes. A lecture, for instance, containing a plain statement of facts in regard to a species of dyspareunia (bless Barnes's modest soul! not one in ten knows the meaning of the word), which lecture commences with "*ladies and gentlemen,*" etc.; but the particular point we wished to call attention to

was the following extract on "The Double Remedy," from the pen of one "J. B. Braun, M. D.," of Chicago. Says this sinewy warrior:

"Grauvogl, the admirable and unequaled philosopher, who has by the gigantic blows dealt to Allopathy induced a chronic consumption with hectic fever of the same, from which it will never recover any more, but eventually die of general marasmus, says in §243 of his masterly Text-book concerning this subject:

"'It is a well known fact that *many* Homœopaths employ so called alternating remedies, namely, giving oftentimes against the effect of but one morbid cause in *many* diseases in intervals of an hour or longer *two* remedies, *e. g. Aconite* and *Belladonna*, and these medicines both, as much as I know, most frequently in this manner. What is going on now hereby in the internal part of the organism? From §114 we learn that upon the use of *Belladonna* as well as of *Aconite*, thus from two different causes, phenomena similar in appearance of form, but under different functional and nutritive reciprocal actions in different organs, tissues and cells are developed—consequently both remedies, administered after one another, are apt to produce different motions after each other without the effect of the one could disturb that of the other. Besides, these movements and counter movements of *Aconite* and *Belladonna*, *e. g.* given in alternation every hour, can not reach any farther than to their original effects, and can not induce any inflammation of the tonsils or joints, etc. On the other hand, the action of *Belladonna* will be directed on the *cells* and the action of *Aconite* on the *serum* of the blood, of *Belladonna* on the stimulation of the functions of the *venous*, of *Aconite* on those of the *arterial* vascular system. Now, as is known, in the reach of the *arterial* vascular system, the processes of oxidation, within the *venous* one, those of reduction are instituted and performed.

"'Thereupon it follows that by administering *Aconite* and *Belladonna* in alternation, a change of increased oxidation and reduction is keeping equal pace. The physiological life of the organism, however, consists in nothing else than in this very change, but it takes place once in certain days according to §48, another time also, within those days, on each one of them, according to §25 twice; therefore, by the administration of *Aconite* and *Belladonna* some acceleration of the organic change of matter is conditioned that can not be produced in a more rational way by medicinal substances, *and we should be hampered by a dogma which claims to forbid us such great conditions of curing?* If we bear further in mind that according to §100, the ozonides act reducing where the antozonides have acted oxidizing, the alternation of many other remedies in one and the same disorder and on the same day will also be completely justified.'"

"So speaks our greatest master and reformer, the impregnable bulwark built on the solid rock of the modern natural sciences," says Braun; and he adds further that some one whom he calls the "Great Eastern," "in whose capitolium some poisonous illumination creates a steady moonshine, has by no means the capacity to understand Grauvogl in his abstract philosophical reason." A great ass indeed must this Great Eastern be—no geographical division can in fact lay claim to him—not to take in these A B C's of pathological logic!

Ah! if one had stumbled upon Grauvogl instead of Watson and Flint, what an amount of nonsense he could have kept out of his "capitolium!"

A TON and a half of food and drink passes through the body of a man weighing one hundred and fifty or sixty pounds in a year.

Correspondence.

LETTER FROM LONDON.

To the Editors of the Louisville Medical News:

The successful treatment of opium-poisoning by the subcutaneous injection of a grain of sulphate of atropia was the subject of a communication made to the Medical Society of London by Dr. J. Milner Fothergill, whose researches in therapeutics are not unknown to us.

The patient was a woman of forty-seven, living at a public-house, who took, at 11 A. M. on February 14th, three drachms of laudanum, representing thirteen grains or so of opium. On recovery she said she had had more. Be that as it may, she was at death's door. In half an hour she had an emetic of sulphate of zinc and ipecac., and vomited. She was then sent to the West London Hospital, where another emetic was administered, and the vomited matter still smelt of laudanum, showing that the first emetic

had not got rid of all the poison. She grew worse, was walked about, but the narcosis deepened, and the respiration had nearly failed when Dr. Fothergill, on his usual visit, arrived at the hospital at 2 P. M. He at once had a grain of atropia dissolved and injected under the skin of the forearm. His reasons for such a bold procedure were the state of the patient and his familiarity with the treatment of failing respiration from his experiments on the antagonism of aconite and digitalis, aconite and belladonna, and aconite and strychnia, performed for the British Medical Association. (See the British Medical Journal for August, 4, 1877.) In this patient the respiration was distinctly the source of danger, as the pulse was rhythmical and steady, though small. For a few (ten) minutes the failure of the respiration went on, time being required for the absorption of the belladonna. The patient was fast losing heat, for the chemical interchanges are small when the respiration fails so markedly; so she was put into a warm bed with a hot bottle to her feet. In another ten minutes the respiration was recommencing, with five or six shallow respirations a minute and a long-drawn sigh-like respiration at intervals. At 4:30 the patient was sleeping calmly, breathing thirteen to the minute, the respirations being steady and deep. Her pulse was 132 full, but compressible. Her temperature was then only 97.5° in spite of the warm bed, the bottle, and the action of the belladonna, which raises the temperature. The heat-loss in opium-poisoning has not yet been sufficiently recognized. At 8:30 the pulse was 128, the temperature 100.4° Fahr., and the respirations twenty-four per minute. She slept deeply, but could be roused. She was rather restless at times through the night, but slept till 10 A. M. on the 15th. She was then conscious and thirsty, but did not complain of much dryness of the throat. There was no marked reddening of the skin. The pupils were natural; the recovery was complete.

This case teaches a lesson in the treatment of opium-poisoning. Dr. Fothergill's practice here was no sudden thought, but the outcome of the careful study of the mode of death in opium-poisoning given by Wood in his work on Therapeutics, and of the effects of belladonna in arresting the failing respiration in aconite-poisoning in animals. He had long worked the matter out in his mind as to what he should do if the opportunity of treating a case of opium-poisoning came before him, viz., not to give the belladonna in small, divided doses, but to give at once, as in the experiments on animals, and to take the consequences of secondary belladonna intoxication. However, in this case, no evil consequences followed, and the only mishap was a blister on each calf from the effect of the hot bottle.

It would appear that the true treatment of opium-poisoning is to empty the stomach thoroughly, and then inject a third of a grain of atropia before the breathing has markedly failed, and next to put the patient to bed, and, if necessary, inject some more atropia. If not seen until the respiration has all but stopped, a full dose of atropia should be injected at once. The contrast between the poor woman being dragged about, gradually chilling to a point incompatible with life, and lying in bed calmly sleeping her poisons off was very striking. The treatment of opium-poisoning in the future will be influenced by this case. The subject of heat-loss in opium-poisoning has here been properly investigated.

Dr. Fothergill has paid great attention to the subject of physiological antagonism, and has just had awarded to him the Fothergillian gold medal of the Medical Society of London, for 1878. The subject of competition was, The Physiological Antagonism of Therapeutic Agents. In his essay he pointed out especially the potent influence of drugs upon the respiration and circulation, and their antagonism. After showing how experiments elucidate the action of remedial agents, he went into the subject of the utility of this knowledge in actual poisoning. A still more interesting subject, he holds, is the utility of this knowledge in ordinary prac-

tice. We may use certain drugs freely, knowing their antagonists if alarming symptoms appear, as, for instance, the well-known antagonism of strychnia and chloral, some instructive cases of this antagonism being already on record. Further, by such knowledge we may get rid of and eliminate certain actions of a drug that we do not want. Thus, in the terrible night cough of some cases of phthisis, he gives a pill containing a third of a grain of morphia with one thirtieth of a grain of atropia in aloes-and-myrrh pill. The atropia prevents the sweatings and the depressant action of the morphia on the respiration and circulation. He holds, with the conclusion of Weir Mitchell, Keen, and Morehouse, that atropia does not antagonize all the actions of opium, least affecting its effects upon the hemispheres. In this poisoning case this was well borne out, for while the pulse, the respirations, and the temperature rose, the woman still slept on. From this it would appear, he holds, that in cases where large doses of morphia are indicated much larger medicinal doses than those at present in use may be given without anxiety, if the effect of the opium upon the rhythmically discharging centers of the circulation and respiration be blocked off by combining with the morphia a full dose of atropia. He does not regard the effects upon the pupil of much importance as a guide to the action of these two agents; the state of the respiration is the true guide.

At a meeting of the Manchester Literary and Philosophical Society, Mr. Wm. Thompson read a very interesting paper on "The Construction of a Room or Series of Rooms free from Germ-life, proposed for Use in the Performance of Surgical Operations." The object Mr. Thompson had in view is that of filtering from the ordinary atmospheric air the innumerable sporules which are constantly found floating about in it, and so to arrange a room in which the air may be rendered optically pure. The result of experiments he has made on the cultivation of different fungi, the spores of most of which are found in large numbers floating about in the air, conclusively shows, he thinks, that ordinary large rooms may be constructed and ventilated with filtered air by means of fans, so that flour paste, taken as a test standard, would remain in them free from fungus life. He also believes that rooms so constructed might be of great advantage in surgery as a means of preventing spores from entering the wounds of patients, and giving better chances of success in serious surgical operations. The arrangement he suggests on a large scale is a long series of rooms in a line, at one end of which should be fitted a fan behind a good filter of cotton-wool; and a long pipe with a series of Bunsen-burners set along it, so that when all are lighted in a line a sheet of flame will be produced which may be gently passed along and made to play on every part of the floor, walls, and roof of the room, beginning near the end at which the fan works, and going gradually toward the door. By this means any spores adhering to the walls or floor will be destroyed, and no air can pass back to pollute the floor or walls after purification. A stove may be arranged at the door-end of the room for the purpose of heating cotton garments to be worn by the surgeons and attendants to a heat presumably sufficient to destroy or paralyze the vatality of any spores adhering to them; also for heating the knives and other instruments used, and for heating, under pressure, the water required for washing the wound.

A few days since Professor H. Maudsley delivered an address at the London Institution on "Hallucinations of the Senses." He opened the subject by alluding to the case of Joan of Arc, who firmly believed that the words she appeared to hear really came from an external source. One striking feature observed by those who have had cases of hallucinations under their charge, is that the patients can not be convinced that the objects they see, the smells they perceive, and the sounds they hear, have no real existence, and that the sensations they receive are the results of their excited nerves. It often happens that a person who suffers from hallucinations in respect to one sense

has the others unaffected, and is on all other matters perfectly sane. Hearing is most frequently affected, and sight next. Dr. Maudsley referred to several interesting cases, one of a gentleman, actively engaged in business, who believed his body constantly emitted an unpleasant odor, and consequently isolated himself as much as he could, and when he was assured that others perceived nothing amiss, always remarked that they were too polite to say the contrary. Hallucination may arise either from an idea upon which the mind has dwelt, appearing as something exterior, or from an over-excitement of the sensory ganglia. It is said that Newton, John Hunter, and others would, at will, picture forms to themselves till they appeared to be realities. It is recorded by Dr. Wigan that a successor of Sir Joshua Reynolds had the power of painting portraits after seeing his sitters but for a short time at one visit only, and was able, at will, to reproduce them to himself as exterior realities. As years advanced he found that he could not dismiss them from his mind as he could recall them, and he began to fancy himself haunted, and was for many years the inmate of an asylum. The lecture referred to the opening of Act V, scene 1, of a Midsummer Night's Dream, as showing that Shakespeare recognized different degrees of hallucinations. Illustrations of the production of hallucinations from the second class of causes, excitement of the sensory ganglia, were drawn from cases of the use of belladonna, of over-doses of alcohol, of fevers, and of exhaustion of the nerve centers; under the last heading come visions seen by persons after prolonged abstinence from food. "Visions" and "voices" frequently precede epileptic seizures, and, after the fit, the patient believes in the external reality of the objects and sounds. The lecturer concluded by saying that the way to avoid hallucinations is to keep in health, and to feed the mind with the teachings of nature and fact.

RICHARD C. BRANDEIS, A. M., M. D.,
Fellow of the Medical Society of London, Etc.

To the Editor of the Louisville Medical News:

I write to say that one item read by me in your excellent journal many times repays me for my subscription. I allude to the suggestion of putting a pinch of salt in baby's milk when it disagrees with his stomach. My little baby suffered exceedingly from colic, vomiting, restlessness, etc. I was compelled to give him fresh cow's milk or condensed milk, and I prefer the latter. Sufficient salt to be just perceptible to the taste in the milk at once removed all the trouble, and now he and I both sleep well, thanks to this valuable information. A MOTHER.

JEFFERSON COUNTY, KY.

Reviews.

The North Carolina Medical Journal. M. J. De ROSSET, M. D., THOS. F. WOOD, M. D., Editors.

The second number of this new journal is received, and is brimfull of interesting, practical matter. Its original articles are excellent, and its selections are judicious. It is an honor to the noble old North State. Its talented editors deserve the thanks and patronage of their medical brethren.

Formulary.

TULLY'S POWDER.

℞ Morphiæ sulph..... gr. j;
Camphoræ.....
Cretæ preparat..... } āā gr. xx.
Sacch. alb..... M.

(Used sometimes as a substitute for Dover's Powder.)

TREATMENT OF EPILEPSY IN CLINIC OF UNIVERSITY OF LOUISVILLE.

℞ Potass. bromidi..... ℥ j;
Aquæ..... ℥ vj. M.

S. Dessertspoonful to tablespoonful in half a tumblerful of water three times a day. This to be taken with the following prescription:

℞ Atropiæ..... gr. j;
Aquæ..... Oj. M.

S. A teaspoonful once, twice, or thrice a day, according to effect on pupils or throat. A ferruginous and bitter tonic should accompany the treatment.

THE BROWN-SÉQUARD TREATMENT IN EPILEPSY.

℞ Sodii bromidi.....
Potassii bromidi..... } āā ʒ iij;
Ammonii bromidi.....
Potassii iodidi.....
Ammonii iodidi..... } āā ʒjss;
Ammoniæ sesquicarb..... ʒj;
Tinct. calumbæ ..... fl.ʒ jss;
Aquæ destillat., ad..... fl.ʒ viij. M.

Full dose—One and a half drachms before each meal, and three drachms at bed-time.

Miscellany.

ON MEN'S AND WOMEN'S BRAINS.—Dr. W. Moxon thus concludes an article in the London Medical Times and Gazette: "Decision by impulse, because the strain of further consideration is not to be endured—such is the privilege of womanhood. Cool reflection requires something women are not born with. That something is, no doubt, to be found in the about ten ounces by which the male brain exceeds the weight of the female. Having weighed many hundreds, I can not lose sight of this difference. Do you suppose it means nothing? That great mass of additional nervous matter. Think of the minuteness of its filaments and cells, and of their multitude, so that no numerical conception can approach the numbering of them. Myriads of fibrils affording space for currents to and fro as many and various as the shifting winds that now are moving over the expanse of the sea. Do you suppose this extra bulk of nerve-matter will go for nothing? Is it not for the want of those ten ounces that women are always in such a fidget with what they know?—so overmuch thrilled by their learning that study has a distressing effect on them?—as any physician knows who has been consulted by women-students. It must be allowed that some small-brained men-students are not much better. They want a mass of nerve-fibre in which any too intense vibrations can grow easier by reverberation, and can allow readjustment before action is prematurely decided on. By the want of these ounces they suffer in all positions approaching responsibility, being thrown into vibrations of wasting terror, always dreading lest they should be on the point of doing something wrong, like a Foreign Minister; so that they may be sickly, pusillanimous, and fractiously hesitative when the crisis comes. These ten extra ounces in the male brain are required to superintend, and sit upon, and keep under sudden impulses, and reduce strong vibrations. Ten invaluable ounces, so related to the rest as to be withdrawn as much as possible from connection with the acting apparatus, so that thought may there hold due consideration apart from fear of too soon becoming action, and may mature for the guidance of impulse, making action not timorous, but even and steady, and subduing pulsatile trepidation, as the air-chamber of the fire-engine pump steadies its stream."

VOMITING IN PREGNANCY.—A writer in the London Lancet of March 9th, says: "I am somewhat surprised to see in your issue of to-day a paper by Dr. Jones, of Chicago, with an addendum by Dr. Marion Sims, in which the theory that the excessive vomiting occasionally attendant on pregnancy is due to uterine irritation is started as a novelty, and the suggestion made that it should be treated by the application of nitrate of silver to the cervix. It is, perhaps, not surprising that an American practitioner should be ignorant of the fact that the view was advocated many years ago by Henry Bennet, and the same treatment recommended. It is, however, astonishing that so accomplished a physician as Marion Sims should introduce so old a plan to the profession as a novelty discovered by his countryman. I turn to our latest systematic work on midwifery, and I find what I state amply corroborated. Permit me to make an extract in proof: 'Inasmuch as the vomiting unquestionably has its origin in the uterus, it is only natural that practitioners should endeavor to check it by remedies calculated to relieve the irritability of that organ. Dr. Henry Bennet directs especial attention to the condition

of the cervix, which, he says, is almost always congested and inflamed, and covered with granular erosion. This he recommends to be treated by the application of nitrate of silver through the speculum. Dr. Clay, of Manchester, fully corroborates this view.' (Playfair's Science and Practice of Midwifery, vol. i, pp. 212 and 213.)"

THE EFFECTS OF THE FREQUENT USE OF FORCEPS.—Dr. Galadin, in The Obstetrical Journal of December, gives the following summary of his conclusions:

1. It has not been shown that still-births would be preventible to any marked extent by an earlier use of forceps.

2. In regard to the advantage to fetal life gained by frequent and early use of forceps compared with a reasonable delay in their use, the statistics are contradictory. In the London maternity hospitals, with forceps, rates varying from 5.1 to 61.8 per 1,000 cases, no advantage appears from the higher rates.

3. As to the mothers, the death-rate has not been increased by the early and frequent use of the forceps. The instrument was employed by one obstetrician in one fifth of his cases with good results to the mothers, but not to the children.

4. Frequent and early interference by one practitioner, in many cases before full dilatation of the os, proved no benefit to the mothers, but if any thing the contrary. "No statistics appear to have been yet published showing any distinct gain to the children combined with good results to the mothers from a very frequent and early use of the instrument."

THE Archives of Clinical Surgery suggests Prof. Frank Hamilton as a proper person to be health-officer to the port of New York. We wish him every success, but can not help thinking that if he has made no further progress in a knowledge of hygiene than he has in the treatment of certain fractures, he will be found some time endeavoring to frighten off cholera with Chinese gongs.

A PARISIAN IDEA.—Paris Letter in North Carolina Medical Journal: The latest excitement in medical circles is an *autopsy club*, which holds its regular meetings at one of the principal restaurants, where good dinners are discussed, and its irregular reunions at the houses of its dead members in order to study pathology and anatomy as they are revealed in the mortal remains of their former comrades. Each member on the evening of his initiation signs a legal document by which his body after death becomes the property of the surviving "fellows," with the understanding that it is to be thoroughly dissected, and used in any way that the interest of medical science may suggest. Some very prominent professional men are said to be connected with this movement, and the whole thing is *bona fide* and serious to the last degree. The inspiration to this novel organization is to be found in the fact that the popular prejudice against autopsies has surrounded them with such a host of perplexing legal formalities, as almost to preclude the possibility of effecting them at all. A special *authorization* has to be obtained in every instance.

THE POWER OF WORK.—Our readers who have learned the election of Prof. Peter at the Académie de Médecine are perhaps not aware what energy and force of will the learned physician to La Pitié has required to reach the brilliant position he has attained, and which he has acquired solely by his own merits. In his youth he was a printer's compositor, living with his mother on the fruits of his labor. Later he became a corrector at the printing-office, and began to study medicine; and yet he is one of the youngest, if not the youngest, of the professors of the Faculté. It would seem, indeed, that they who have to struggle with difficulties only get on all the quicker. Velpeau, who was apprenticed to a farrier, hardly knew how to read and write when he came to Paris. Demarquay worked as a peasant from eleven years of age, and when he came to Paris at fifteen, could scarcely read or

write. M. Péau, one of the most employed and fortunate of surgeons, takes a pleasure in relating that he tilled the farm of his father until he began to study medicine. Good encouragement to work this, for the young. *Labor improbus omnia vincit.—Paris Méd.*

A LETTER to the St. Petersburg Medical Wochenscrift states that Montenegro has no scientifically-educated practitioners. The whole medical practice of this district is in the hands of one family, Jlitschkowitsch by name, whose scanty professional knowledge has been handed down from one generation to another. Ten members of this family are now engaged in the practice of surgery, which consists chiefly in the application of splints, frequent cauterization of recent wounds, and drainage of gun-shot wounds with the use of tow. They know but little anatomy, and dread hemorrhages. They remove enlarged glands, extract foreign bodies, and trephine; otherwise do no operations. Trephining has been done four or five times in the same individual, almost every slight injury of the head being supposed to require it. Prince Nicholas's private surgeon is a Frenchman, but he is not consulted by the people.

THE Western Lancet, of San Francisco, has changed editors, and Drs. Geo. Hewston and Jas. Simpson have assumed its management. It is increased from a twenty-four- to a forty-eight-page journal, and under such able editorial direction it can not fail to enhance in popularity and extend its circulation. The Western Lancet is one of the best monthlies in America.

HIGH-HEELED BOOTS.—London Lancet: The absurd and ungainly practice of mounting the hinder part of the feet on stilts, while the toes press the ground and bear the weight, as in the use of high heels, is one against which it is not easy to write with temper. The device of strangling the waist with tightly-laced corsets was contemptible for its ignorance; that to which we now allude is outrageous in its defiance of the laws of gravity. It does not need a knowledge of anatomy to convince the shallowest thinkers of the sex which worship the idol of fashion, that the foot is forced into a wholly unnatural position, and distorted by the heel being raised and the body made to rest on the ball of the toes! It should be unnecessary to explain that this disturbance of the foundation throws the whole superstructure out of gear, and deranges every mechanical function. A moment's reflection should lead to the instant abandonment of a practice so manifestly irrational and ridiculous; but, forsooth, the foot looks somewhat smaller as seen from the front or side when placed obliquely; so, regardless of common sense and common prudence, the practice prevails! Such is the folly and wantonness of vanity!

OHIO MEDICAL COLLEGE.—This ancient and excellent institution has honored itself and strengthened the American Medical School Association by becoming a member of the Association.

LONDON Medical Examiner: Dr. E. Lewy, of Vienna, has demonstrated that the human skin is completely impenetrable to the chemical contents of mineral waters. Hence the effects of bathing in these waters must be sought in the domain of physics, and not in that of chemistry.

DR. RICHARD C. BRANDEIS, of this city, has lately been elected a Fellow of the Medical Society of London. An interesting letter from Dr. Brandeis appears in this number of the NEWS.

THE AMERICAN MEDICAL COLLEGE ASSOCIATION.—There is to be a meeting of this valuable Association at Buffalo, N. Y., Monday, June 3d.

A GERMAN paper reports the perfect cure of a severe rheumatism by bee-stings in the affected joint.

Selections.

HOG-CHOLERA.

Dr. N. S. Townshend, Professor of Agriculture in the Ohio Agricultural and Mechanical College, recently read a paper upon Hog-cholera before the Columbus Academy of Medicine, which we find in the last number of the Ohio Medical and Surgical Journal. We present copious extracts from it, as we are quite certain that they will be of great interest and value to many of our readers. As the author observes that in a country where well-educated veterinarians are very scarce, there would seem to be a necessity that physicians should care not only for the families of their patrons, but also for their four-footed dependents. And the editor of the Ohio Medical Journal, in calling attention to the article, well remarks: "Not only economic and humanitarian considerations urge us to a study of the diseases of the inferior animals, but scientific reasons amply confirm the importance of such studies. If all anatomy and physiology are one in their main facts and principles, so is pathology; and the most unexpected aid has often been derived to the understanding of human diseases from observations upon animals." The report of the commissioner of agriculture for 1876 showed that the disease called hog-cholera cost the country twenty millions of dollars.

Symptoms of Hog-Cholera.—"The first stage of the disease is congestive; the animal crawls under the litter or huddles close to his companions, refuses solid food, and appears sluggish. This stage may last a few hours or it may continue for a day or two. If the animal does not die apoplectic in the congestive state, reaction follows; then there is thirst, feverishness, and redness of the skin, especially where the hairy covering is least abundant. In some animals this redness is diffused, but more frequently it appears in spots, from which the cuticle is sometimes raised in small blisters. The conjunctiva is reddened and the mouth is dry. The pulse is from 100 to 120, and the temperature from 104° to 106°; and in one instance I found it as high as 111°. Soon the abdomen becomes tumid and tender, the animal expresses great pain when compelled to move, and prefers to lie prone upon the belly. There is often great difficulty of breathing, which is more or less spasmodic and attended with severe cough. Not unfrequently there is hemorrhage from the nostrils and swelling of the parotid glands. Through the febrile or acute inflammatory stage there is constipation, which is afterward followed by diarrhea. At first the evacuations may be destitute of bile, then bilious, and very soon dark-colored or blood-stained and very fetid. Finally locomotion becomes difficult, unsteady, and perhaps spasmodic, or the posterior extremities are entirely paralyzed. Death may occur within a few hours, and during the congestive stage as already stated; it may occur in a few days from the effects of inflammation, or in one or two weeks from exhaustion, from peritonitis, or from effusion."

Post-mortem Appearances of Hog-Cholera. "On examination after death the cavity of the abdomen is often found to contain a few ounces of serum, and sometimes fibrinous exudations. The liver is not materially changed in size or texture, but often has a yellowish or ashy color; occasionally it was found greatly engorged. The spleen was enlarged in nearly half the cases examined, sometimes to a great extent, and so disorganized that when the capsule was ruptured the grumous contents would escape. This disorganized condition of the spleen, as might be expected, was greatest when the blood showed most change.

"The stomach often contained undigested food; the mucous membrane was usually congested, but rarely showed as decided evidence of inflammation as other portions of the alimentary canal. The small intestines on their external surface presented patches of deep discoloration, and occasionally they would be glued together by lymphy exudations. The mucous lining showed general congestion, and inflammation in patches. Sometimes tumefaction and exudation would be almost confined to the aggregate and solitary glands, while in some cases where covered by dark-colored crusts, or where these had sloughed off, patches of ulceration were seen. Frequently, however, the inflammation and ulceration affected glandular and other portions indifferently, or the whole inner surface of the bowel would be inflamed for several inches in extent. In the large intestines the mischief was still more apparent; the cæcum often contained a multitude of inflamed and elevated spots, or in their place ulcerations as large as the impressions made by the ends of one's fingers upon a dusty table, and as close as the fingers held together could make them. The colon usually presented ulcerations similar to those of the cæcum; its contents were small masses of hardened feces dark-colored or blood-stained, and not unfrequently dark fluid blood in considerable quantity. Sometimes portions of the colon were almost gangrenous; in a few cases the intestine had been perforated by ulceration, and peritonitis had resulted. The mesenteric glands were almost always enlarged; the kidneys were congested; the bladder contained healthy-looking urine, or it was tinged with bile or blood.

"The lungs were always congested and often inflamed, or impervious to air from serous infiltrations; the air-passages were filled with frothy mucus; the trachea and larynx were sometimes found in a state bordering on gangrene. In a few instances, where the cough had been an unusually marked symptom,

the smaller air-passages were crowded with nematoid or thread-like worms, the *strongylus paradoxus*. These cases were so few that the presence of the lung-worms can only be regarded as an accidental complication.

"Effusion within the pleura, or pericardium, was sometimes seen; the blood in the heart-cavities was clotted, but the clots were soft and in general the blood elsewhere was fluid. Upon examination of the blood with the microscope, the blood-globules appeared shrunken and their margins irregular. In the blood drawn from some animals that were killed, bacteria were seen with a power of from eighty to one hundred diameters. The *bacilla anthracis*, which is said to be pathognomonic of anthrax fever, was looked for but not found. The brain and spinal marrow were repeatedly examined, but without disclosing any marked lesion."

Pathology of Hog-Cholera.—"That this disease corresponds in no degree with Asiatic cholera of the human subject is evident upon slight examination. In hog-cholera constipation is much more common at the outset than diarrhea; and afterward, when diarrhea is present, the evacuations are unlike the characteristic discharges of Asiatic cholera. That the disease is an idiopathic fever of typhoid type, substantially like typhoid fever of the human subject, would seem to be proved by the congestion, inflammation, and ulceration so generally found in the intestinal canal, by the frequency of hemorrhages from the bowels, and the frequent enlargement of the mesenteric glands and spleen; also by the petechial eruption over the surface, and from its greater tendency to attack young animals. On the other hand, hog-cholera resembles what is known in Europe as anthrax fever; the symptoms in the living animal being almost identical, and the post-mortem appearances not greatly dissimilar. Hog-cholera differs from what are styled anthracoid diseases by its much less malignity; and although in my opinion it is contagious so far as to be communicated in some way from diseased to healthy swine, it does not appear to be transmissible to other species of animals, nor to man, while the anthrax fever of Europe passes readily from one kind of stock to another, and is often fatally communicated to mankind. The blood of animals suffering from anthrax fever, it is said, always contains the *bacillus anthracis*. So far as my examinations have gone or my information extends, the presence of *bacillus* has not been demonstrated in hog-cholera. I should add, however, that many European veterinarians regard what is styled anthrax fever of swine as nothing more nor less than typhoid fever. By some persons hog-cholera is regarded as typhus rather than typhoid fever; but the frequency of intestinal lesions and severe suffering in hog-cholera are adverse to such a conclusion."

Cause of Hog-Cholera.—"First, contagion. It seems to be established that this disease has been communicated to healthy swine by bringing them in contact with the affected, or by confining them in cars, pens, or yards that diseased animals have recently occupied. It appears also that the contagion may in some way be conveyed for the distance of half a mile or more; also that animals kept in the most cleanly and thrifty condition are not proof against the contagion. If the disease is typhoid fever, we should expect to find that contaminated water is a principal medium through which the disease-germs pass from one animal to another. How far exemption from attack may be secured when the food and drink are free from all possible contamination has not, so far as I know, been determined. Second—It seems also to be established that healthy hogs, if subjected to hard driving for considerable distances in hot weather, or if crowded together in large numbers, may develop the disease *de novo;* and possibly other conditions and circumstances not yet understood may tend to a similar result.

Treatment of Hog-Cholera.—"With this malady it is especially true that prevention is better than cure; the attempt to medicate a case of hog-cholera, when by so doing there might be danger of exposing other animals, is the reverse of economy. When it is certain that an animal has this disease, it should be killed immediately and buried, and the whole premises thoroughly disinfected. For this purpose all litter and rubbish should be burned, and the pens or styes fumigated with burning sulphur. Hogs that have been in contact with sick ones may be expected to show symptoms of the disease after thirteen or fourteen days at furthest, if the weather be cold; if the weather should be very hot, the period of incubation may be shortened to three or four days. During the period of incubation sulphur should be given daily with the food, or the hyposulphite of soda may be used instead. This is a cheap drug, and a sufficient quantity will be taken without objection if dissolved in the drink. Some farmers think they have kept off the disease after exposure by acidulating all the food slightly with sulphuric acid; others believe that the sulphate of iron is equally effectual. The carbolic, cresylic, and salicylic acids may prove better disinfectants than those already named; or possibly change of quarters may be more beneficial than any plan of medication. If an attack of the disease can not be prevented, and loss of appetite, with nausea and constipation, are noticed, then laxatives are clearly indicated, and sulphur enough to act may easily be given with the food or drink; or castor-oil, with spirits of turpentine, may be administered to an animal that is conveniently small, and repeated from time to time so long as enteric inflammation continues. Corn boiled in weak lye from wood-ashes

is relied upon by some, while others place soft soap where the sick animals will take it instinctively to relieve the acidity of the stomach and bowels from which all seem to suffer. After the disease has run its course, and left the animal without appetite and with an exhausting and fetid diarrhea, the sulphate of iron answers a good purpose, combining tonic with astringent effects."

Syphilis Treated by Excision of the Primary Induration.—London Medical Examiner: According to modern theories, neither the destruction of an indurated chancre by means of caustics, nor its removal by the knife, is likely to prevent the development of constitutional symptoms. The latter method has, however, lately been tried by Professor Auspitz, of Vienna, and in a recent number of the Vierteljahrsschrift für Dermatologie und Syphilis he gives an account of thirty-three cases then treated. He uses a pair of scissors for excising the ulcer with the surrounding induration, and forceps, or a sharp hook, for raising the affected parts. By means of a spray-producer carbolic acid is applied to the wound during and after the operation, and if any remains of induration are discovered in the wound they are carefully removed. Sutures, if necessary, or strips of plaster, with carbolized wadding, form the dressing, and the results obtained in the thirty-three cases may be thus summarized: 1. In four cases in which the induration supervened upon a soft sore the patients remained free from constitutional symptoms. 2. Although in nearly all the cases there was indolent enlargement of the lymphatic glands, on the most careful examination no other glands were found to be similarly affected. 3. Those cases in which after excision no fresh local induration occurred, remained, as a rule, free from syphilis. 4. Phagedæna, which sometimes followed the excision, did not prevent the development of constitutional symptoms. 5. The absence of constitutional symptoms in many cases where there was primary induration, shows that this latter is not to be regarded as evidence of constitutional infection, but rather as a primary depot from which the system becomes infected. The same reasoning applies to the indolent enlargement of the inguinal glands, which must be distinguished from the general swelling of the lymphatic glands in syphilitic dyscrasia. In nearly all the cases treated by excision, in which constitutional symptoms failed to appear, the inguinal glands were decidedly swollen. 6. The recrudescence of the infiltration in the wound caused by the excision in those cases in which constitutional symptoms occurred, and in those alone, is not to be regarded as evidence of the circulation of the poison in the system, but as the result of a local action of the infectious material still present, either because the excision has been imperfectly performed, or because of the wide-spread syphilitic changes which have taken place in the vessels. 7. Whether in those cases in which constitutional symptoms result in spite of excision the latter exercises any influence over the nature or duration of the subsequent manifestations, is a question which must be decided by further trials; in some cases the operation appeared to exercise a modifying influence. 8. Excision is to be recommended as a prophylactic measure under certain circumstances, which are as follows: Shortness of the period during which the induration has existed; absence of complications other than indolent swelling of the inguinal glands; favorable situation of the sore as regards excision. In respect of this last condition, sores on the body of penis or prepuce are more favorably situated than those on the glans or sulcus coronarius.

Railway Accidents and Spinal Lesions.—London Medical Examiner: In a recent number of the Archiv für Psychiatrie Professor Leyden related an interesting case of spinal disease, terminating fatally, in a railway-guard who had met with an accident three years previously. A violent blow in the loins and severe contusion of the left shoulder were the immediate result of the accident, but the injuries were not at first considered in any way serious. For a few weeks the man complained only of pain in the shoulder, but weakness of the arm soon became felt and continued to increase. This was followed by weakness of the lower extremities and occasional severe shooting pains in the back; the patient, however, attempted to follow his occupation as guard. Exposure to cold and wet induced pain in the cervical spine, but only of a temporary character, and with this exception there was no increase in the symptoms until three months before his death. The pains in the back then became worse, and, within a week, the lower extremities became completely paralyzed, the sphincters also being involved. On post-mortem examination the external surface of the dura mater, from the third to the tenth dorsal vertebra, was found to be covered with a tumor-like mass, three millimeters in thickness; this coating was more marked anteriorly, and was found to present the characters of an inflammatory new formation. The changes in the spinal cord were exactly those described by Professor Leyden as produced by acute myelitis resulting from compression. The muscles of the left arm were found to be atrophied and in a state of chronic interstitial inflammation; the inflammatory process had extended along the loose areolar tissue between the large nerve trunks and muscles. Dr. Leyden believed, from a consideration of the history of the case, that the morbid process had commenced in the left shoulder, and had thence extended to the vertebral canal. He entertained a doubt of

the connection between the symptoms and the accident, notwithstanding the occasional remissions which the former had exhibited, and which had sometimes been so marked as to expose the patient to the suspicion of malingering.

Pneumonia, Considered in certain Etiological Relations and with Reference to Epidemiology and Preventive Medicine.—W. Squire, M. D., M. R. C. P., in the London Practitioner, says: "Pneumonia is not specially a disease of cold weather or of cold climates. In England the proportion of deaths from pneumonia to 1,000 deaths from all causes is from 30 to 50; in the year 1875 it was exactly 50; in Iceland this proportion is said to be as low as 13; for, as has been shown by Professor Hirsch and Dr. W. Ziemssen, of Berlin, pneumonia occurs with much less proportional frequency in cold, sparsely settled districts than in warmer and more populated countries. Ziemssen, in 1858, stated that 'the amount of the mean fluctuation in the mortality from pneumonia is in inverse ratio to the density of the population.' This is noticeable also in the mortality from phthisis. Twelve years ago, while investigating the etiology of croup, he had occasion to point out the correspondence existing between the seasonal prevalence of that disease with laryngitis and pneumonia, and the strong contrast observable between these diseases and bronchitis as to the time of year at which each is most fatal. Dr. Octavius Sturges, in the St. George's Hospital Reports, vol. v. 1870, in an admirable essay on the Etiology of Pneumonia, very clearly demonstrates this difference for pneumonia and bronchitis; he remarks that it is not unusual at midsummer for the mortality from pneumonia to exceed that from bronchitis, and that in the cold weather of November 'the bronchitis rate rises in a greater degree than the pneumonia rate, and the maximum of difference for the two is obtained about January or February.'"

Corns.—In a lecture at the St. Louis, on Hypertrophy of the Epidermis, M. Guibout observed that, while in callosities the hypertrophy takes place at the surface, in corns the hypertrophied part becomes pyramidal, and takes the form of a nail with its point directed toward the deeper-seated parts. This sharp point, lodged in a kind of cupola, which exactly boxes it in, has a tendency to penetrate into the substance of the dermis whenever the base of the corn is compressed. The portion of the dermis which is in permanent contact with the epidermic induration becomes inflamed and altered in character, its papillæ disappearing, so that at last it becomes a true matrix, destined to form deep new horny epidermic layers in proportion as the more superficial layers are eliminated. Changes of the weather often give rise to great pain in corns, which has been supposed to be due to their hygrometric nature, which, by causing their enlargement, adds to the suffering. But, in fact, the exacerbations are less severe during the time that it rains than they are for some days preceding; and they are also met with when the weather is about to change from wet to dry. These painful exacerbations of the pain of corns are quite as remarkable and as inexplicable as are those of rheumatic pains. The sole efficacious treatment is excision; but care must be taken that this is complete. The summit of the cone must be cut down to, so as to entirely empty the dermic cupola; and then it is quite necessary to destroy by cauterization the inner surface of this cupola, *i. e.* the matrix of the corn, which will otherwise be reproduced. The best caustic is sulphuric acid, of which we may deposit a drop by a match or glass rod on the excised part. If the corn recurs the same processes of excision and cauterization must again be resorted to.—*Gaz. des Hop., February* 7.

The Use of Pilocarpine in Affections of the Eye.—London Medical Examiner: Dr. Galezowski recommends the local application of pilocarpine for producing contraction of the pupil. Its action in this respect resembles that of eserine, and is antagonistic to that of atropia. One drop of a solution containing one to twelve grains to one ounce, placed in the eye of a patient suffering from paralytic mydriasis, produced in half an hour complete contraction of the pupil, and this condition lasted for several hours. Dr. Galezowski has found that eserine often causes acute pain and nausea, and sometimes even severe conjunctivitis; he has not seen any similar effects from pilocarpine. He recommends that the neutral sulphate or nitrate of the alkaloid should be dissolved for use in laurel water. When distilled water is used, the solution after some time becomes inert. This change would seem to be connected with the development of fungi, a process which does not take place when laurel water is employed.

Indigo Renal Calculus.—Dr. Ord, of London, at a late meeting of the Pathological Society of London, exhibited a calculus, half the size of a walnut, which analysis showed to be largely composed of this substance. The indigo found in the human system is not identical with that from the indigo plant according to Dr. Thudichum.

A case of poisoning by aniline is reported from Coburg. A woman had injured her skin and allowed her colored stocking to remain in contact with the wound. Symptoms of blood-poisoning soon appeared, and the patient died ten days after the injury.